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## REQUEST FOR EXPEDITED HEARING

Tennessee Division of Workers' Compensation  
Court of Workers' Compensation Claims  
[www.tn.gov/labor-wfd/wcomp.shtml](http://www.tn.gov/labor-wfd/wcomp.shtml)  
wc.courtclerk@tn.gov  
1-800-332-2667

Docket #: \_\_\_\_\_

State File #/YR: \_\_\_\_\_

RFA #: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

SSN: \_\_\_\_\_

## REQUEST FOR EXPEDITED HEARING

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Employer and Carrier

Pursuant to Rule 0800-02-21.14, the undersigned party or representative hereby requests an Expedited Hearing regarding temporary disability and/or medical benefits and asks that the following occur (choose one):

- ☐ The assigned judge issue a ruling based on a review of the file without an evidentiary hearing.
  - ☐ The assigned judge convene an evidentiary hearing to consider the request so that testimony/evidence may be presented. (If selected, please provide reason(s) why you believe an evidentiary hearing is necessary.)
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is requested that the evidentiary hearing be conducted: ☐ By telephone ☐ In person

**If an evidentiary hearing is requested, please provide four (4) different agreed upon dates and specific times the parties are available to participate in a judicial conference within thirty (30) days from the date this notice is filed with the clerk.**

_____ 1st Date & Time	_____ 2nd Date & Time	_____ 3rd Date & Time	_____ 4th Date & Time
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Time zones provided are ☐ Central Time ☐ Eastern Time

Pursuant to Division Rule 0800-02-21-.14 Requests for Expedited Hearing must be accompanied by affidavits and any other evidence demonstrating the employee is entitled to temporary disability or medical benefits. PLEASE NOTE: The hearings will be conducted in accordance with the Tennessee Rules of Evidence and Rules of Civil Procedure [T.C.A. 50-6-239 (c)(1)].

### IDENTIFY WITNESSES

List any witnesses you may call to testify at the hearing in this matter and state whether the witnesses will appear:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/> Live	<input type="checkbox"/> Deposition	<input type="checkbox"/> Affidavit
<input type="checkbox"/> Live	<input type="checkbox"/> Deposition	<input type="checkbox"/> Affidavit
<input type="checkbox"/> Live	<input type="checkbox"/> Deposition	<input type="checkbox"/> Affidavit
<input type="checkbox"/> Live	<input type="checkbox"/> Deposition	<input type="checkbox"/> Affidavit

Employee Name: \_\_\_\_\_ SF#: \_\_\_\_\_ DOI: \_\_\_\_\_

### **CERTIFICATION OF SERVICE**

The undersigned certifies on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ a true and correct copy of the Request for Expedited Hearing has been forwarded via facsimile, email and/or U.S. Mail, first class postage prepaid to:

- ☐ Mediator, \_\_\_\_\_
- ☐ Employee, \_\_\_\_\_
- ☐ Employee's Attorney, \_\_\_\_\_
- ☐ Employer, \_\_\_\_\_
- ☐ Employer's Attorney, \_\_\_\_\_
- ☐ Carrier/Adjuster, \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**Please file with your assigned mediator**



**TENNESSEE DEPT OF LABOR & WORKFORCE DEVELOPMENT**  
**Division of Workers' Compensation**  
<http://www.tn.gov/labor-wfd/wcomp.html>  
Toll Free: 1-800-332-2667

**Please file the completed form with your assigned mediator.**

**CHATTANOOGA**

TDLWD/WORKERS' COMPENSATION DIVISION  
State Office Bldg, 600W  
540 McCallie Avenue  
Chattanooga, TN 37402-2066  
Phone: 423-634-6422  
Fax: 423-634-3115

**KNOXVILLE**

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520 Summit Hill, Suite 103  
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Fax: 865-594-5172

**MURFREESBORO**

TDLWD/WORKERS' COMPENSATION DIVISION  
845 Esther Lane  
Murfreesboro, TN 37129-5537  
Phone: 615-848-6743  
Fax: 615-217-9378

**JACKSON**

TDLWD/WORKERS' COMPENSATION DIVISION  
225 Dr. Martin L. King Jr. Drive  
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Fax: 731-265-7022

**KINGSPORT**

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1908 Bowater Drive  
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**COOKEVILLE**

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**NASHVILLE**

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Fax: 615-253-1223

**MEMPHIS**

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One Commerce Square  
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